

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB Number: 3235-0076 Expires: Estimated average burden hours per response. . . . . 16.00

SEC USE ONLY								
Prefix	Serial							
DATE RECEIVED								
1	1							

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Shepherd Investments International, Ltd.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	
	A COMMENT ARTHUR DESTRUCTION OF THE MANUFACTURE HAVE BEEN AND A SECOND
A. BASIC IDENTIFICATION DATA	1 15 6 77 11 34 19 6 7 11 34 19 6 7 11 11 11 11 11 11 11 11 11 11 11 11 1
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	07080272
Shepherd Investments International, Ltd.	01000212
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
3600 South Lake Drive, St. Francis, WI 53235-3716	414/294-7000
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
	PROCESSED
Brief Description of Business	
Investment in securities.	OCT 17 2007
Type of Business Organization	
	please specify): International Business
business trust limited partnership, to be formed	company All All Company
Month Year	
	mated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	· · · · · · · · · · · · · · · · · · ·
CN for Canada; FN for other foreign jurisdiction)	FN

#### **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

	* **	A. BASIC I	DENTIFICATION DATA		<u> </u>
<ol><li>Enter the information re</li></ol>	quested for the fo	llowing:			
<ul> <li>Each promoter of t</li> </ul>	he issuer, if the is	suer has been organized	within the past five years;		
<ul> <li>Each beneficial ow</li> </ul>	ner having the pov	ver to vote or dispose, or	direct the vote or disposition	a of, 10% or more of a c	lass of equity securities of the issuer
• Each executive off	icer and director o	of corporate issuers and	of corporate general and ma	maging partners of par	tnership issuers; and
		of partnership issuers.			•
		<u> </u>			
Check Box(es) that Apply:	Promoter	Beneficial Owne	r Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Stark Offshore Manage					
Business or Residence Addre	ss (Number and		Code)		
3600 South Lake Drive,	St. Francis, WI	53235			
Check Box(es) that Apply:	Promoter	Beneficial Owne	Executive Officer	Director [	General and/or Managing Partner
Full Name (Last name first, i	f individual)				···
Stark, Brian J.	•				
Business or Residence Addres			Code)	·	
Check Box(es) that Apply:	Promoter	Beneficial Owne	r 🕟 Executive Officer	Director [	General and/or
		Beneficial Owne	Executive Officer		Managing Partner
Full Name (Last name first, i	f individual)				
Roth, Michael A.					
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		· · · · · · · · · · · · · · · · · · ·
3600 South Lake Drive	, St. Francis, W	1 53235			
Check Box(es) that Apply:	Promoter	Beneficial Owne	r Executive Officer	Director [	General and/or Managing Partner
Full Name (Last name first, if	findividual)	· · · · · · · · · · · · · · · · · · ·			<del></del>
Business or Residence Addres	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owne	r	Director [	General and/or
	_	J	J		Managing Partner
Full Name (Last name first, if	findividual)	······································			
Business or Residence Addres	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply;	Promoter	Beneficial Owne	r Executive Officer	Director [	General and/or Managing Partner
Full Name (Last name first, if	individual)			· · · · · · · · · · · · · · · · · · ·	
Business or Residence Addres	s (Number and	Street, City, State, Zip	Code)		
		<u>.</u>	<u></u>		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director [	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip	Code)		
<del></del>	(Hea bloo	nk sheet or convended	se additional copies of this s	theet as necessarily	
	(Oze otal	nk succi, or copy and us	se additional cobics or tills s	meet, as necessary)	

Г		,	· ·	, ,	. B. I	NFORMAT	ION ABOU	T OFFERI	NG :		,		
Ш.				<del></del>						······································		Yes	No
l.	. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										K		
	Answer also in Appendix, Column 2, if filing under ULOE.								4.00	20.000			
2.	. What is the minimum investment that will be accepted from any individual?										000,000		
3.	Does the offering permit joint ownership of a single unit?								Yes 🗷	No			
4.											irectly, any		
	If a pers	son to be lis s, list the n	sted is an as:	sociated po roker or d	erson or age ealer. If me	ent of a brol ore than fiv	ker or deale c (5) persoi	r registered as to be list	I with the S ed are asso	SEC and/or	he offering. with a state sons of such		
Ful	l Name (	Last name	first, if ind	ividual)						_			
Due		Daoidonna	Address (N	lumbar an	d Street C	tu Stata 7	Vin Coda)			<del></del>			
Dus	ainess or	Kesidence	Address (r	tumber and	u Street, C	ity, State, Z	cip Code)						
Nar	ne of As	sociated B	roker or De	aler									
Stat	tes in Wi	nich Persor	Listed Ha	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State	s" or check	individua	l States)		••••					☐ Al	1 States
	AL	ĀK	ΑZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[ID]
	IL)	ĪŇ	ΙĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MÖ
	MT	NE	NV	NH	ĺЙ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC]	SD	TN	TX	TU	VT	VA	WA	WV	WI	WY)	PR
Ful	l Name (	Last name	first, if ind	ividual)			<del></del>	· · · · ·					
Bus	iness or	Residence	Address (i	Number an	d Street, C	ity, State,	Zip Code)			<u>-</u> -			
Nar	ne of As	sociated B	roker or De	aler						<del></del>		<del></del>	······································
Stat			Listed Has										
	(Check	"All State:	s" or check	individual	States)			***************************************		***************************************	***************************************		1 States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY)	NC	ND	OH	OK]	OR	PA
	RI	SC	SD	TN	TX	[UT]	VT	VA	WA	[ <u>wv</u> ]	WI	WY]	PR
Full	l Name (	Last name	first, if ind	ividual)									
Bus	iness or	Residence	Address (?	Vumber ал	d Street, C	ity, State,	Zip Code)		·				
Nan	ne of As	sociated B	roker or De	aler						<del></del>			
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
			s" or check									☐ Al	l States
	(AL)	AK	ĀZ	AR	CA	CO	[CT]	DE	DC	FL	GA	HI	[ID]
	IL	ĪN	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM]	NY (VT)	NC	ND	OH	OK NVI	OR	PA
	RI	SC	$\overline{SD}$	TN	TX]	ŪŤ	VT]	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C, OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		Amount Aircady
	Type of Security	Offering Price	Sold
	Debt	s	_ \$
	Equity	<u>s</u> unlimited	\$ 2,319,967,309
	Common Preferred		
	Convertible Securities (including warrants)	\$	_ \$
	Partnership Interests	s	_ \$
	Other (Specify)	s	_ s
	Total	s_unlimited	\$ 2,319,967,309
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases § 2,319,967,309
	Accredited Investors		· •
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		<u> </u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504	<del></del>	\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		<b>\$</b>
	Printing and Engraving Costs		] \$
	Legal Fees		\$
	Accounting Fees	_	\$
	Engineering Fees	_	] \$
	Sales Commissions (specify finders' fees separately)		] \$
	Other Expenses (identify)	-	\$
	Total		,

	C. OFFERING PRICE, NUN	1BER OF INVESTORS, E	XPENSES AND USE OF I	ROCEEDS	
	b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C — proceeds to the issuer."	- Question 4.a. This differ	rence is the "adjusted gross		\$ unlimited
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for a check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Par	ny purpose is not knowr of the payments listed mu	, furnish an estimate and st equal the adjusted gross		
				Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees				<del></del>
	Purchase of real estate			<u></u> \$	. 🗆 \$
	Purchase, rental or leasing and installation of ma			¬ \$	
	Construction or leasing of plant buildings and fa				_
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)	sets or securities of anotl	ner	_ □ ¢	_ 
	Repayment of indebtedness		•		
	Working capital			<del></del>	<del></del>
	Other (specify): Securities investments			<del></del>	_
				\$	s
	Column Totals			s	S unlimited
	Total Payments Listed (column totals added)		nlimited		
		D. FEDERAL SIGN	NATURE		
ig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fu information furnished by the issuer to any non-ac	rnish to the U.S. Securiti	es and Exchange Commis	sion, upon writte	
	uer (Print or Type)	Signature		Date	
Sh	epherd Investments International, Ltd.	Michael	G. /II	October O	2007
	ne of Signer (Print or Type)	Title of Signer (Print		t, LLC, Investment	Manager of

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No k
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Shepherd Investments International, Ltd.	Signature Michael a. At	October 9 , 2007				
Name (Print or Type)	Title (Print or Type)					
Michael A. Roth	Managing Member of Stark Offshore Management, LLC, Investment Manager of Shepherd Investments International, Ltd.					

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

#### APPENDIX 5 2 3 4 1 Disqualification under State ULOE Type of security Intend to sell (if yes, attach and aggregate offering price Type of investor and explanation of to non-accredited offered in state amount purchased in State waiver granted) investors in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Common Shares Non-Accredited Accredited Yes No State Yes No Investors Amount Investors Amount ΑL ΑK ΑZ 3 8,635,161 X X AR ÇA X 32 180,810,037 X CO X 5 12,556,077 X CT 2 21,500,640 X X X 3 37,717,667 DΕ X DC 5 132,011,566 X X 47 FL3 64,775,127 X X GA 1 HI 1,574,021 X X ID IL 23 331,721,827 X X IN X X 9 103,051,416 ĮΑ 1 3,646,212 X X KS KY × X 1 3,064,030 LA 4 18,480,570 X X ME X 1 5,003,945 X MD X 2 24,364,108 X MA 160,762,904 14 X X ΜI 3 18,165,877 X X MNX 5 37,157,983 X

2,016,813

X

3

n

X

MS

# APPENDIX

1		2	3  Type of security			under St	lification ate ULOE , attach		
	to non-a	to sell ccredited s in State -Item 1)	and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Common Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
мо		×	*	7 .	54,510,142				×
МТ									
NE					<b>1</b>			_	
NV		×	į)	1	1,483,999	-			×
NH									
lИ		×	n	10	72,678,146		,		×
NM		×	n	1	5,711,030				×
NY		×	11	23	293,682,515				×
NC		×	er	4	38,905,451				×
ND	<u>-</u>								
ОН	<del>_</del>	×	"	1	17,470,588				×
ок		×	п	4	40,036,810				×
OR		×		2	16,050,981				×
PA		×	"	8	61,505,659				×
RI		×	e)	1	67,486,358				×
sc									
SD		×	n	1	8,632,975				×
TN		×		5	21,113,406			<u> </u>	×
TX		×	it	16	309,759,231				×
UT		×	п	2	3,415,961				×
VT									
VA		×	n n	5	40,709,208			_	×
WA		×	er er	3	12,568,504		<u> </u>		×
wv									
WI		×	п	22	87,230,364				×

		9		· APP	ENDIX '					
1		2	3				4			
	Intend to sell and aggregate offering price investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)				under State ULOI (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Common Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY	· · · · · ·						-			
PR										

